Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
518-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

ERADIO ARREDONDO MD
PO BOX 741865
DALLAS TX 75374

DWC Claim #:
Injured Employee:
Date of Injury
Employer Name:
Insurance Carrier #:

Respondent Name
ZURICH AMERICAN INSURANCE CO

Carrier's Austin Representative Box
Box Number 19

MFDR Tracking Number
M4-12-2278-01

MFDR Date Received
MARCH 5, 2012

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Designated Doctor Exam. Carrier is required to pay Designated Doctor Exams. The current rules allow reimbursement. An original bill and a reconsideration were submitted, the current rules allow reimbursement."

Amount in Dispute: $300.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: The insurance carrier or its agent did not respond to the request for medical fee dispute resolution

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
September 23, 20011	CPT Code 99456-W5-NM	$300.00	$300.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.204 Medical Fee Guideline for Workers' Compensation Specific Services.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:

   Explanation of benefits dated December 5, 2011 and December 30, 2011
   - No explanation codes were presented on the EOB dated December 5, 2011. Notes: Insurance carrier payment to the health care provider shall be according to the Division medical policies and fee guidelines in effect on the date(s) of service(s)… Insurance carrier reimbursed $50.
   - 255 – Based on the available information, this charge does not appear to be applicable in this case.

- 50 – These are non-covered services because this is not deemed a 'medical necessity' by the payer.

Issues

1. Was the Designated Doctor Exam requested by the insurance carrier and ordered by the Division of Workers' Compensation?
2. Did the respondent reimburse the requestor in accordance with 28 Texas Administrative Code §134.403(1)(j)(2)(A) and (j)(3)(C)?
3. Is the requestor entitled to reimbursement?

Findings

1. A request for Designated Doctor Examination (Form DWC-32) was received in the Division on August 23, 2011 from the insurance carrier. The initial exam was scheduled by the Division for September 22, 2001; do to a conflict in scheduling the exam was rescheduled for date of service September 23, 2011. The carrier needed to know if the injured workers reached MMI and if so what is the impairment rating; the carrier also wanted to know if the injured worker could return to work.

   The respondent paid $50 to the requestor as referenced on the December 5, 2011 explanation of benefits; upon reconsideration the respondent denied the services as 50 – "These are non-covered services because this is not deemed a 'medical necessity' by the payer" and 255 – "Based on the available information, this charge does not appear to be applicable in this case." Therefore, the denial of "not deemed a medical necessity" is not supported. The disputed services will therefore be reviewed for payment in accordance with applicable Division rules and fee guidelines.
2. Per 28 Texas Administrative Code §134.403)(j)(2)(A) states that if the examining doctor, other than the treating doctor, determines MMI has not been reached, the MMI evaluation portion of the examination shall be billed and reimbursed in accordance with paragraph (3) of this subsection and (3)(C) states that an examining doctor, other than the treating doctor, shall bill using CPT Code 99456. Reimbursement shall be $350.
3. Review of the submitted CMS-1500 supports that the requestor billed the MMI evaluation correctly, as a result the amount ordered is $300.00.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is $300.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of $300.00 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	February 21, 2013 Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.